

BLS to collect these numbers—and they are the most accurate numbers available. The Secretary's use of a figure nearly 10 times what his Department reports hardly seems justified.

I believe that OSHA can be made both more effective and more fair—more effective in redefining OSHA's role, and more fair to the employers of this country who provide the jobs on which the economy depends. I urge my colleagues to study the issues, to resist the rhetoric of those who want to keep OSHA as it is, and to help us pass meaningful OSHA reform in H.R. 1834.

30TH ANNIVERSARY OF MEDICARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey [Mr. PALLONE] is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, 30 years ago this month, Congress enacted what has become one of the two most successful and popular Government programs ever conceived—the Medicare Program. The other, of course, is Social Security.

Given the indisputable success of Medicare, you would think that even its most bitter critics from 30 years ago would have to admit that the program has been instrumental in improving the lives of millions of American senior citizens.

But the Republican leadership in Congress is not interested in learning from their party's past mistakes. Although they haven't seen fit to reveal the details of their plan to the American people, it has become all too clear that the Republicans want to rewrite the history of Medicare by gutting the program and charging seniors more for coverage.

In effect, the Republican leadership wants to take us back to the years before Medicare was enacted in 1965—a period when millions of American senior citizens faced either the poor house or premature death if they contracted a serious illness.

It is a simple fact that before 1965, millions of middle class senior citizens who found themselves seriously ill faced bankruptcy in order to pay for care. Those who were already poor faced even greater indignity and often went without any health care at all.

According to the National Council of Senior Citizens, prior to 1965 and the enactment of Medicare, only 50 percent of Americans over the age of 65 had health insurance.

Yet then, as now, the Republican Party in Congress again and again expresses a sort of gut reaction against Medicare.

Thirty years ago, one Minnesota congressman absurdly stated that Medicare "puts the Nation dangerously close to socialized medicine."

One of his colleagues from Colorado went so far as to say: "By passage of this bill [Medicare], we shall make a shambles out of Social Security." Of course, he didn't mention that he probably would have opposed the creation of Social Security too.

The comments we are hearing from the leadership on the other side today demonstrate clearly that the Republicans in this Congress are indeed the direct ideological descendants of the party that fought tooth and nail to prevent Social Security and Medicare from ever becoming reality.

Just a week ago, one of the Republican leaders stated "I deeply resent the fact that when I'm 65 I must enroll in Medicare."

He went on to demean the program—and the millions of seniors who have earned their Medicare benefits—by saying that Medicare "teaches the lessons of dependence," and that it is "a program that has no place in a free society."

Mr. Speaker, when the new leadership in Congress claims to have won a mandate in last fall's elections, do they actually believe that their supposed mandate includes the dismantling of the Medicare Program?

A mandate comes from the people, Mr. Speaker. And if the leadership of the Republican Party in Congress were interested in pursuing a true mandate—if they truly had the interests of the people at heart—there would be no discussion of pulling the rug out from under senior citizens by gutting Medicare.

The vast majority of Americans—seniors and nonseniors alike—oppose the Republicans' views on Medicare. Rather than acting on a mandate, what the Republican leadership is doing, in effect, is attempting to rewrite the conclusion of the Medicare debate of 1965.

What is the real agenda here, Mr. Speaker? It sounds suspiciously like this generation of Republicans, under the cloak of concern of Medicare's solvency, is simply trotting out the same tired arguments that failed 30 years ago. And we need to expose this for what it is—an effort to destroy Medicare, which in the Republican view, is somehow un-American.

ADMINISTRATION'S REVIEW OF FEDERAL PREFERENCE PROGRAMS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida [Mr. CANADY] is recognized for 5 minutes.

Mr. CANADY of Florida. Mr. Speaker, tomorrow morning the President will give a major speech announcing the results of the administration's 5-month long review of programs that grant preferences on the basis of race and gender.

Of course, the administration and the media call it a review of affirmative action, but that is not really what the review is about. As originally designed, affirmative action was about nondiscrimination—it required parties to take affirmative action to ensure that no person would be treated with regard to race.

Over the past 25 years, however, this mandate of nondiscrimination has been

turned on its head and converted into a requirement to grant preferences on the basis of race and gender. There are now a multitude of Federal programs that grant such preferential treatment. And it is to the future of these preference programs, and not to affirmative action, that the President will be speaking.

With regard to those programs, the issues really are quite simple, and they reduce to this: Should the Government divide its citizens into groups based on race and gender? And should some citizens qualify for special Government benefits based solely upon their membership in a racial or gender group? And if so, how can this regime of preferences be reconciled with the Constitution's fundamental guarantees of individual rights and equal opportunity to all regardless of race or gender?

To put the issue in more concrete terms, is it wise public policy for the Federal Government to award contracts to minority- or women-owned firms when other qualified firms have submitted lower bids? And is it a good idea for Federal agencies and officers to make employment decisions every day with an eye toward meeting numerical hiring and promotion objectives based on race and gender? And is it just to require Federal contractors to grant preferences—to hire by the numbers—in order to keep their Federal contracts?

These are the issues the President should address. I must confess, I can't imagine why it would take 5 months to answer these questions. Either you are in favor or preferences or you are not. Either you think it's acceptable to base hiring and contracting decisions upon race and gender or you do not. These are straightforward questions of principle, and they really do not require extended deliberation.

I am concerned, however, that even after the administration's 5-month review, we will be disappointed tomorrow to learn that the President still has not come to grips with these fundamental issues. Rather than tell us where he really stands, I am concerned—and newspaper reports previewing the speech seem to indicate—that the administration has decided to treat this important issue in a legalistic and bureaucratic manner.

So instead of learning how the President understands the nondiscrimination principle, we are likely to hear how the administration interprets the Supreme Court's recent decision in *Adarand versus Peña*. And rather than coming to terms with the glaring conflict between racial and gender preferences and the American commitment to individual rights, President Clinton will simply suggest that there are some administrative imperfections in the existing preference programs that need to be fixed.

And we will no doubt here the mandatory disavowal of "quotas," with the confident assertion that because "quotas are illegal, we don't have to

worry about them." But this alleged distinction between quotas and other forms of numerical preferences is truly a semantic distinction without a difference. The label, after all, is not the offending practice. What is offensive is the practice of granting preferences on the basis of race and gender, and that practice is no less offensive when called by a name other than a quota.

I may be wrong about the President's intentions. I hope that I am wrong. This issue and the principle it touches on are much too important to surrender to lawyers and bureaucrats. If a society without discrimination is really our goal, then we need to engage in a national dialog about how best to get there. That means getting back to the original purpose of affirmative action by continuing our efforts to reach out to all segments of the community—to make everyone aware of opportunities. But it also means ceasing discrimination now. And that requires ending the Federal Government's massive system of race and gender preferences. President Clinton should embrace the principle of nondiscrimination and act to dismantle the system of preferences—a system which divides Americans and reinforces prejudice.

SAVE MEDICARE FROM BANKRUPTCY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia [Mr. NORWOOD] is recognized for 5 minutes.

Mr. NORWOOD. Mr. Speaker, I come to the floor this morning with the people back home in mind. For me, home is Augusta, GA, and the 10th District of Georgia. I must tell you how wonderful it was for me to be home this past weekend. Spending time with the hard-working people of the 10th district serves to strengthen my resolve, that what we are doing here in the next few months is what is right for America.

Mr. Speaker, I would ask the people of America to consider the facts of our situation. We are 5 trillion dollars in debt. Fifteen cents of every dollar we spend goes to interest on the debt. The problem of the debt continues to grow out of control. Consider this: On February the 6th, I came to the floor in support of the line-item veto. In my remarks, I noted that the students in Sallie Bullock's calculus class at Madison County High in Danielsville, GA, already collectively owe \$310,760. I noted that Mary Mills' 5th grade class at Oconee County Intermediate School in Watkinsville, GA, already owes \$365,600. I noted that Martha Scroggs' kindergarten class at Episcopal Day School in Augusta already owes \$457,000. Since I gave that speech 5 short months ago, Sallie Bullock's students owe an additional \$7,600; Mary Mills' students owe an additional \$8,940; and Martha Scroggs' students owe an additional \$11,175.

Mr. Speaker, what did those children do to earn that additional debt? How

can we so thoughtless saddle children just out of kindergarten with more and more debt? It is immoral and we must bring that to an end by balancing our budget.

Mr. Speaker, it is simply a matter of fact that Medicare will go bankrupt in 7 years. It is a documented fact in a report put out by the Medicare trustees—three of whom are members of the Clinton administration. The solvency of Medicare is not a partisan issue. Medicare is going bankrupt. The Republicans have made a decision to fix Medicare. We will strengthen Medicare so that it may survive well into the next century. We must act to save the system now. Pretending that everything is all right is simply fantasizing.

Mr. Speaker, on this day many centuries ago, Emperor Nero Played his fiddle while the great city of Rome burned to the ground. It appears that all these centuries later, some of my colleagues on the other side have decided to take up Emperor Nero's mantle. Some of my colleagues want to play games. Last week the other side issued the proclamation that if the we, the Republicans, don't speed up the reconciliation process then they will slow the business of the House down. Yes, America—that's right. If we don't speed up; they will slow things down.

Mr. Speaker, let me be the first to say that I will stay here morning, noon, and night to balance our budget and to save Medicare from bankruptcy. I will stay here through the weekends to balance our budget and to save Medicare from bankruptcy. I will be here until the cows come home—if that's what it takes to balance our budget and to save Medicare from bankruptcy. The future of our Nation is at stake—and I would urge my colleagues to rise above the political games others may want to play. The business we are doing for America is too important to be sidetracked by those who would rather fiddle.

THE HISTORY OF MEDICARE AND ITS IMPORTANCE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan [Mr. DINGELL] is recognized for 5 minutes.

Mr. DINGELL. Mr. Speaker, I rise to discuss the history of Medicare and to discuss the importance of that program to the United States. I have heard a lot of people discuss how it is that Medicare is in trouble. Well, Medicare is one of the best working and most efficient programs in the history of this country. The cost of collecting money and disbursing it is less than 1½ percent.

The problem of Medicare is that costs of Medicare have, like all the costs of all other programs for paying for health, been stressed almost beyond belief by enormous increases which have occurred in health care costs across this country. The problem of Medicare is not one that it is not serving people. On the contrary, it has raised the num-

ber of Americans from something like 40 percent to better than 97 percent in the senior citizen category who have health insurance available to them now, something which was previously not available. Now, under Medicare, Americans can be assured that that health care system is going to meet their health care concerns.

Is Medicare going to go bankrupt? Yes, if something is not done. But not until 2002. Nothing need be done to cut the benefits, but rather to assure additional efficiencies. And what really needs to be addressed is to understand that getting control of the overall costs of health care is something which has to be done in order to protect not only Medicare, but Medicaid, Blue Cross, and all of the other health care programs, that are both public and private inside this country.

It is only fair to say that my colleagues on the Republican side of the aisle are talking not about cutting Medicare to save the system, but, rather, they are talking about cutting Medicare in order to make possible a tax cut.

Medicare benefits are going to be cut, according to the Republican budget, about \$270 billion. However, a health care cut of this magnitude is going to be matched by a tax cut which will go mostly to the richest 10 percent of the people in this country, and will cost the government about \$240 billion.

A wiser approach would be to address the underlying problems of our health care system. A wiser approach would be to see to it that we address the concerns of all in preserving Medicare, but to do so not to provide a tax cut to the wealthy, but rather to address the significant problems which exist in all health care costs and in payments for all health care costs.

You know, it is a matter of history that the Republicans voted overwhelmingly against Medicare, and they opposed it time after time whenever the issue was before this body or was before the House or before the Senate. They opposed it in committee as well as on the floor of the two bodies.

Medicare is something which was enacted because the Democrats forced it through. It is something which will be protected and preserved because the Democrats prevented the Republicans from eviscerating that program or from converting it into a private program. There are significant attempts going on now to privatize Medicare.

One of the remarkable things which occurred in the early discussion was the comments of Republican Members who criticized Medicare, pointing out that it was socialized medicine, claiming that it was going to threaten independence and individual liberties of Americans who would derive benefits under that particular program.

Well, history has shown that Medicare has been one of the great blessings, not only to this country, but to senior citizens, not only to senior citizens, but to the younger Americans